



THE CHICAGO CONTINUUM OF CARE

VISION STATEMENT

In ten years, all individuals and families facing homelessness in Chicago will have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

WHAT WE BELIEVE

Homelessness is a complex social problem, which does not lend itself to simple solutions. Yet we believe that great strides can be made toward ending homelessness if we start by addressing housing issues, then ensure that there are the resources and supports in place to sustain that housing. While we do not have to end poverty in its entirety to end homelessness, ultimately, our ability to end homelessness rests upon the degree to which we are able to wed the efforts of the homeless service delivery system to those of other mainstream programs and systems of care – programs and systems whose failures have contributed to its growth. Only through comprehensive, cross systems strategies will we be able to fully assist people to access and sustain affordable housing and achieve community integration and economic stability.

This effort will take all of us. As this 10-year plan details, Chicago is ready to embrace the challenge of system change and integration necessary to prevent homelessness and end it for the thousands of men, women, and children in shelter or on the streets each night who could and should be sleeping in their own beds.

TABLE OF CONTENTS

Vision Statement.....	1
What We Believe	1
Executive Summary.....	2
Introduction	4
The Continuum of Care Strategic Plan.....	8
Plan Implementation.....	14
The Chicago Continuum of Care.....	15
The National Plan to End Homelessness	15
Chicago Continuum of Care Leadership.....	16
Endnotes.....	17
Thank You.....	19

EXECUTIVE SUMMARY

Over the past 20 years, the number of shelter beds and the amount of money spent on homelessness in Chicago has increased significantly. Unfortunately, so has the number of individuals and families who become homeless. The Chicago Continuum of Care – an inclusive network of over 200 public and private organizations and individuals concerned with homelessness in Chicago – has come together to create a plan to end homelessness in the next ten years.

This is no small task. Our success hinges upon our ability to mobilize, re-deploy, expand, and coordinate our financial and human resources, with the recognition that *it will truly take all of us to end homelessness in Chicago*.

Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness outlines, in broad strokes, the philosophy that will guide our efforts, the fundamental components of the approach we will take, and three strategic initiatives, which will organize our actions over the next five years.

What We Know

Tens of thousands of Chicagoans face homelessness each year. Many of these utilize the city's publicly funded system of shelter and supports designed to address homelessness. Some stay for brief periods and do not return. Others graduate through multiple programs before exiting. Others move in and out of the system on a fairly regular basis over time. And still others take up residence in the system for years, and during that time, rarely leave it. In addition, there are those who experience homelessness, but for numerous reasons, never find their way into the system. Instead, they are homeless on the streets, in their cars, or on the couches of family, friends, or strangers.

Overall Chicago's homeless population is highly diverse. Yet those facing homelessness have at least two things in common – the experience of abject poverty and the absence of safe and affordable housing.

Our current system and resources have proven inadequate to the challenge of significantly reducing, let alone ending, homelessness. A new approach is needed.

Core Tenets of the New Approach

The most effective solution to homelessness is to provide affordable housing with the supports that make it sustainable. In our efforts to do this we will:

- 1) Prevent homelessness whenever possible;
- 2) Rapidly re-house people when homelessness cannot be prevented;
- 3) Provide *wraparound services* that promote housing stability and self-sufficiency.



Five-Year Strategic Initiatives

The plan outlines three strategic initiatives to begin the process of system change. These initiatives and their objectives form our agenda for change over the next five years. Through them we will:

- 1) Expand the range and availability of prevention strategies, increase their immediate accessibility, and improve their long-term effectiveness.
- 2) Expand the availability of affordable permanent housing; increase its accessibility; and transition the existing tiered shelter system into a Housing First system.
- 3) Provide transitional services that ensure linkage to community resources, and increase the availability and awareness of formal community supports.

Implementing the Plan

A shift as fundamental as the one described in this plan – that entails a complete reorientation of the homeless service delivery system, the gradual redeployment of current resources, the generation of additional public and private resources, and significant cross-systems collaboration – requires an intentional implementation and change management approach. To this end, members of the Chicago Continuum of Care will develop periodic action plans that detail short-term implementation strategies. In addition, hands-on technical assistance strategies are currently being developed to increase the success of this undertaking. The Governing Board of the Chicago Continuum of Care invites you to become a part of the implementation process. Homelessness in Chicago is not acceptable and together we can end it.

INTRODUCTION

Homelessness in Chicago affects all facets of the community, cutting across race, ethnicity, age and education level. However, homelessness¹ is most likely to affect low-income vulnerable populations who experience first-hand a lack of safe and affordable housing, low wages, and limited access to health care. Additionally, job loss, family violence, mental illness, addictions and release from institutional facilities can result in housing loss when people are unaware of or unable to access community support systems.

Over the past 20 years, the number of shelter beds in Chicago has increased to more than 6,500, supported by millions of dollars each year. Both anecdotal and statistical data suggest that homelessness has increased and broadened during this time to include more families with children, non-traditional family types and a greater number of working poor households.

This growth in the size and diversity of the homeless population is the result of a complex interplay of structural trends such as: reductions in the availability of low-cost housing; net losses in employment and employment related benefits income due to economic changes such as deindustrialization; erosion of the real dollar value of public entitlements, and narrowing of benefits eligibility criteria; and the inadequacy of resources directed to house and support community reintegration for persons with serious mental illness in the wake of deinstitutionalization.^{2,3}

Imminent policy and program decisions in welfare and subsidized housing programs are likely to further exacerbate the present situation. Moreover, the cumulative impact of the strains that lead to homelessness makes it very difficult for people who are homeless to become "re-housed". The current situation and projected trends demand new approaches. Chicago must focus on prevention and on permanently re-housing those who become homeless.

How Many People Are Homeless in Chicago?

Counting persons who are homeless is a notoriously difficult task fraught with definitional and technical challenges. As a result, comprehensive and accurate numbers are difficult to generate. In Chicago, the Chicago Department of Human Services (CDHS) tracks the number of persons who access city-funded shelters and homeless service programs and compiles this data annually. City funded shelters account for approximately two-thirds of the 6,500 shelter beds available in Chicago. According to estimates derived from annual CDHS statistics, approximately 15,000 persons were housed in these shelters from July 1, 2000 – June 30, 2001.⁴ For Chicago, this is the only available longitudinal measure of homelessness – that is, a measure of the number of people who are homeless over a period of time. However, it is important to bear in mind that CDHS statistics do not account for those people who annually fill the shelter beds that are not supported by city funds.

Point-in-time data are the best way to understand the magnitude of homelessness on a daily basis. A 2001 point-in-time provider survey conducted by the University of Illinois at Chicago indicates that approximately 6,100 people are served within Chicago's greater homeless system each day.⁵

However, not all persons who are homeless access the shelter system. In addition to those persons in the shelters, many individuals are temporarily housed in institutions such as mental health and substance abuse facilities and jails; living on the streets or in cars; illegally squatting in abandoned public and private housing; or, as is particularly the case with families and youth, precariously doubled up with relatives or friends. A broader definition of homelessness encompasses these households as well. By this broader definition, advocates such as the Chicago Coalition for the



Homeless estimate Chicago's homeless population to be as high as 80,000 over the course of a given year.⁶

Who Experiences Homelessness?

Over time homelessness and our strategies for researching it have changed. Many of the original stereotypes of homelessness were created by examining point-in-time data - historically the most common type of data available on persons who are homeless. Such data focuses on demographic characteristics, whereas, longitudinal data captures patterns of shelter usage over time. Because single adults with serious mental illness and other disabilities tend to remain homeless longer than other populations – such as families – they are generally over-represented in point-in-time counts. For example, if, on any given night, these individuals fill 1,750 of the approximately 3,500 shelter beds for single adults, they appear to represent over 50% of the homeless single adult population. However, since over the course of the year the other 1,750 beds are occupied by a constantly changing census of people, those 1,750 persons with serious disabilities may, in fact, represent a much smaller fraction of the total number of single adult shelter users during the year.

More recent research efforts that have focused upon the analysis of longitudinal data on shelter usage bear this out. Such research, conducted in New York and Philadelphia, indicates that, with regard to shelter utilization, there are three general patterns of homelessness – chronic homelessness, episodic homelessness, and transitional homelessness.⁷

Chronic Homelessness

Chronic homelessness refers to an extended episode of homelessness (generally two or more years). According to longitudinal research, people who experience chronic homelessness are more likely to have a serious mental illness, sometimes with co-occurring substance abuse, unstable employment histories, and histories of hospitalization and/or incarceration. It is estimated that 10% of the single adult homeless population experiences this persistent homelessness. Because many of these individuals use the shelter system for extended periods of time they have been found to consume 50% of the total shelter days.

Episodic Homelessness

Episodic homelessness refers to recurrent periods of homelessness. People who experience episodic homelessness are younger and use the shelter system more sporadically than those whose shelter use is chronic, often have substance addictions, leave shelters when they get income or use them seasonally, and are more resistant to services. Longitudinal research indicates that approximately 9 percent of the single adult population fits this pattern of homelessness. These individuals use fewer resources than those whose homelessness is chronic, but are still frequent users of the system, staying for extended periods of time and utilizing approximately 30% of the shelter days over the course of a year.

Transitional Homelessness

Transitional homelessness generally refers to a single episode of homelessness that is of relatively short duration. Persons who experience transitional homelessness use homeless resources for brief periods, in times of economic hardship and temporary housing loss. The majority of families and single adults who become homeless over the course of a year fall into this category, and most become homeless due to a housing crisis.

Homelessness in Chicago

In 2001, a study was conducted by the University of Illinois at Chicago (UIC) to develop a better understanding of the circumstances and service needs of persons facing homelessness in the Chicago area, and gaps in existing systems of care. The resulting data represent the first regional comprehensive needs assessment focused on homelessness.⁸ As part of the study, over 600 persons who were homeless or at-risk of homelessness were interviewed in the City of Chicago.

Twenty percent of the people interviewed in homeless shelters had been homeless for a period of two or more years, and more than half had experienced repeated episodes of homelessness. In fact, those interviewed had experienced an average of four previous episodes of homelessness. While extended length and frequent episodes of homelessness are primary indicators of chronic and episodic homelessness, persons who experience these two patterns of homelessness are more likely to be over-represented in studies of homelessness like the UIC study, that use point-in-time research methods.

When asked to identify factors that had contributed to their current homelessness, the overwhelming majority of persons interviewed indicated multiple factors, substantiating the premise that people facing a single stressor may be able to avert homelessness, but that multiple stressors overwhelm existing safety net structures. Inability to pay rent (59%), job loss (48%), drug or alcohol problems (43%), family disagreement (40%), being cut off from public aid (25%), overcrowding (21%), domestic abuse (19%), institutional release (ranging from 23% to 17% depending on the nature of institution), residence being torn down or condemned (18%), landlord dispute (16%) and health problems (16%) were the most frequently noted contributing factors. When adults were asked to cite the one most important reason for their homelessness, they most frequently noted addiction (23%), unemployment (17%), the unaffordability of their previous housing (15%), and domestic disagreement (not domestic violence) (12%).

When asked what types of services or assistance they needed in the past 12 months, persons interviewed most frequently reported that they needed help in finding a job (54%) and a place to live (51%). In addition they noted needing transportation assistance, case management services, and a range of health services, such as eye and dental care and assistance with obtaining medication. Many of the people who reported needing these services also reported that they had obtained them. The service needs that people reported the least success in obtaining were dental and eye care, cash rent assistance, help finding a job, help with budgeting, and help finding a place to live.

How our System Evolved and Why It Needs to Change

The homeless shelter and service system in Chicago, like those in most large urban areas, has evolved over the past two decades to address the changing demographic of its homeless population. Currently there are approximately 6,500 shelter beds reflecting a range of shelter models. Initially the system was predominantly comprised of seasonal or overnight facilities designed to harbor the homeless against harsh weather, provide some degree of safety, and address basic needs. Today this shelter model represents less than a fifth of the beds in Chicago's system. These programs only serve single adults.

Over the past two decades 24-hour shelter facilities developed for both individuals and families that allow longer lengths of stay (some up to two years) in a services-enriched environment. The impetus for these more comprehensive shelter service models has been threefold. It has derived in part from the dramatic influx of families into the system that has occurred since the late 1980s. As families began to join the ranks of the homeless it was almost immediately apparent that children in particular were ill suited to spend 12 hours each day on the city streets or seeking out daytime havens. Secondly, this shift in service philosophy has reflected a growing awareness of the cyclical nature of homelessness for many who experience it. The fact that many of those who became homeless were



experiencing repeated and prolonged episodes of homelessness suggested that minimalist, basic needs approaches, while effective at protecting people from the larger hazards of street life, were insufficient to truly move people out of homelessness. Finally, it reflects an attempt on the part of homeless service providers to compensate for the inadequacies of certain mainstream programs and systems by bringing an increasing range of services such as mental health and substance abuse intervention on-site.

Over time, in the absence of responsive, affordable housing alternatives, this approach expanded to a residential service model designed to equip homeless households with the skills and resources to “succeed” in permanent housing. This has culminated in the evolution of a tiered system of care that moves those who are homeless through a succession of shelter programs designed to graduate them to permanent housing and self-sufficiency.

While this approach is logical on its face, it has ultimately proven ineffective for a variety of reasons. Not the least of these is the fact that a shelter-based response that aims to “fix” the individual factors that have contributed to a household’s homelessness does little to address the larger structural causes of homelessness mentioned earlier. Moreover, many of the problems that deeply impoverished households face, such as lack of education and marketable skills, histories of trauma and domestic abuse, and serious disabilities, are not resolved in such a short amount of time and to the degree that would enable them to succeed in the competitive private housing market. Thus many remain in the system for long periods of time or leave only to return again. To compound this issue, the services and supports tied to shelter end or significantly diminish once the resident leaves the shelter. And, at the same time that shelter programs have become more service-intensive they have frequently adopted more demanding eligibility criteria and stricter program rules that have often effectively barred those households with the greatest needs.

“We need effective welfare and affordable housing policy that results in true economic self-sufficiency, family stability and well-being for all families.”

- John Bouman
The National Center on Poverty Law

“I’m not sure I could have stayed in school without stable housing. I’d be back staying with friends and in and out of shelters.”

- Cedric Nesbitt
Lakefront SRO 2001 Tenant of the Year

“It is time to commit the multitudes of talents and resources that bless this nation to the task of providing appropriate support, and finding homes—permanent homes—for the chronically homeless.”

- Mel Martinez
HUD Secretary

THE CONTINUUM OF CARE STRATEGIC PLAN

Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness outlines a public-private framework for change. To end homelessness in Chicago by 2012, we will dramatically shift our current approach to addressing homelessness from a shelter-based strategy to a housing-based strategy. This housing-based strategy has three emphases:

- 1) prevention efforts to forestall homelessness for those at imminent risk;
- 2) rapid re-housing of those who are homeless (a Housing First approach); and,
- 3) the provision of wraparound services and supports to promote housing stability and self-sufficiency.

Prevention

It has long been argued that the most humane strategy for addressing homelessness for those at imminent risk is to prevent its occurrence in the first place. Prevention efforts include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, representative payee and direct payment programs, and housing placement services. They also include more systemic strategies that seek to prevent homelessness by ensuring that people leaving institutions such as jails, prisons, or treatment facilities are not discharged to the streets or shelter system, as well as strategies that seek to forestall homelessness in cases of family crises such as domestic violence. By far the most common prevention approach is the provision of one-time or short-term financial assistance. Currently in Chicago, approximately three million dollars of government funding are invested in one-time rent, mortgage, and utility assistance annually.

Five-Year Prevention Strategic Initiative

Over the next five years, Chicago's Continuum will significantly increase resources directed to prevention efforts as the first line of defense in its strategy to combat homelessness. Through this initiative, the Continuum will expand the breadth of current efforts, increase their immediate accessibility, and improve their long-term effectiveness.

To expand the range and availability of prevention strategies, we will:

- Better coordinate and expand legal assistance and housing resources available for one-time, short-term and transitional financial assistance that can be used to avert eviction.
- Increase linkage to permanent housing and services for persons leaving institutions.

To increase timely access to prevention resources, we will:

- Establish a 24-hour prevention and referral Hotline, coordinated with 3-1-1, assessment, transportation, and prevention resources.
- Improve and expand mobile assessment capabilities to immediately identify appropriate shelter alternatives and facilitate their access for persons at imminent risk of homelessness.

To improve the long-term effectiveness of prevention strategies, we will link households assisted by prevention programs to ongoing community resources to support their sustainability.



Housing First

For those who are already homeless or for whom homelessness cannot be prevented, the Continuum will employ a Housing First strategy. As described in the National Alliance to End Homelessness's 10-year plan, a Housing First approach seeks to assist persons to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services.⁹ This approach assumes that *the factors that have contributed to a household's homelessness can best be remedied once the household is housed*. It also accepts that for some lifelong support may be required to prevent the reoccurrence of homelessness. Hence it seeks to maximize utilization of mainstream resources. But for most, the model seeks long-term self-sufficiency, promoted through a wraparound service philosophy (described below).

For Chicago, this approach requires a fundamental shift in its shelter strategy, away from its current tiered system of care to an **Interim Housing** model in which short-term housing is provided for the minimum time needed to access permanent housing, with services focused on an immediate and comprehensive needs assessment, resource acquisition (i.e., public benefits and other forms of assistance), and housing placement.

Within this Housing First model, two core principles define permanent housing: choice regarding the location and type of housing, and no predetermined limit on the length of time that the household can remain in the housing unit. Accordingly, the form of permanent housing will vary according to the needs and desires of each household. For some, permanent housing will mean a Safe Haven, eventually moving to a Single-Room Occupancy (SRO) unit within a project-based development with on-site supportive services. For others, permanent housing will be an individual apartment unit with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. For still others, the type of permanent housing may change over time.

Five-Year Housing First Strategic Initiative

Over the next five years, Chicago's Continuum must undertake three efforts simultaneously in order for its new Housing First approach to be successful. It must expand the availability of affordable permanent housing; increase its accessibility; and transition the existing tiered shelter system into a Housing First system.

To expand the **availability** of affordable permanent housing, we will:

- Create new project-based permanent supportive housing units for persons with serious and persistent disabilities.
- Expand permanent supportive housing subsidies for persons with serious and persistent disabilities who can live independently in market rate housing with appropriate supportive services.
- Develop additional engagement housing, such as safe havens and harm reduction programs for those who need permanent housing, but are resistant to traditional service models.
- Expand transitional rent subsidies for households who can be placed in community-based permanent housing with integrated services, in which the tenant holds the lease or assumes the lease over the period of the transitional subsidy.
- Develop and increase the availability of appropriate Housing First models of permanent housing for youth who are homeless.

To increase the **accessibility** of affordable permanent housing, we will:

Getting Housed, Staying Housed

- Develop an affordable housing clearinghouse that will be used to link households in interim housing with appropriate market housing.
- Expand and increase coordination of street outreach for persons who are homeless and not requesting services to provide assessment and linkage to engagement housing and permanent supportive housing.

To **transition** the existing shelter system to a Housing First system, we will:

- Develop standards for Interim Housing and permanent housing models that promote housing placement in the most suitable, least restrictive settings possible.
- Use local public funding to encourage, and eventually mandate, existing shelter programs to convert to the new Housing First model.

Wraparound Services

In many respects, housing stability is a function of a household's ability to access fundamental resources and supports that assure that, when a crisis occurs, it does not threaten the security of that housing. For all of us, these supports include affordable healthcare with mental health and substance abuse services; livable wage employment and/or other income supports; and for families, childcare. These supports are all the more critical for poor households, for whom a crisis often means choosing between addressing essential needs for housing, food, or medical care.

Chicago's Continuum is dedicated to ensuring that households have access to a full range of resources and services to protect the stability of their housing. This will be accomplished through the implementation of a **wraparound services** approach. Wraparound services refer to a comprehensive service provision model that guarantees that any and all services needed by an individual or family are integrated through a cohesive, individualized service plan that guides all service provision. Chicago's Continuum will infuse this service approach across all components of its homeless service delivery system – prevention, interim housing, and permanent housing.

Currently, service referral is a component of most homeless service provision, but in the absence of more active and integrated case management, referral-based case management often results in fragmented care. The implementation of a wraparound services approach will mean that case managers across agencies must work together to develop one plan of action for each client, with each agency contributing, according to its strengths and resources, to support the individual or family in achieving housing stability and long-term self-sufficiency. Because service intensity is determined based upon client need, this may also mean that initially an agency provides daily or weekly case management, which may shift to monthly or on-call assistance over an extended period of time. For some, services will always remain an integral part of the residential environment. For others, this support will be transitional, sufficient to ensure that employment and community-based resources, such as health care, schools, social services, civic organizations, and communities of faith, are secured.

Five-Year **Wraparound Services** Strategic Initiative

Over the next five years, this initiative will simultaneously strengthen community supports and safety net systems for persons at-risk of homelessness and for those who are being re-housed, and increase their accessibility. This will be accomplished by providing transitional services that ensure linkage to these community resources, and increasing the availability and awareness of formal community supports.



To ensure linkage to available community resources, we will:

- Expand the provision of community-based case management services that embody a wraparound services approach.
- Develop formal systems integration strategies between the Housing First system and mainstream service systems, such as public entitlements (TANF, Medicaid, Social Security, and Food Stamps), employment training and placement, public health, community mental health, and substance abuse, to ensure that formerly homeless households have streamlined access to the array of formal supports available in the community.

To increase the availability and awareness of formal community supports, we will:

- Identify alternative resources to fund targeted supportive services for persons with severe and persistent disabilities placed in permanent supportive housing.
- Implement follow-up strategies to work with households assisted with basic prevention strategies to increase their housing stability and reduce their future risk of homelessness.
- Develop a broadly disseminated community education program on various factors that contribute to homelessness and methods to mitigate their impact. For example a campaign on the cycle of violence could promote options for addressing spousal abuse, elder abuse and other forms of domestic violence so that they do not result in homelessness.

System Infrastructure

The three initiatives described above will require an underlying system-level infrastructure in order to be effective and efficient. To support the planned activities for each of the initiatives, we will:

- Implement a homeless information management system with information and referral, case management, and benefits screening functionality to collect information about the people who become homeless, improve the effectiveness of service delivery, and understand the relationships between service utilization and client outcomes over time. The affordable housing clearinghouse can also be seamlessly linked with the homeless information management system.
- Consolidate housing assistance resources into a Housing Assistance Fund that can be coordinated centrally, with minimal overhead, and serve prevention, housing placement, and long-term subsidy purposes.

How Is the Getting Housed, Staying Housed Model Different?

Under the *Getting Housed, Staying Housed* model, current agencies in Chicago's homeless service system will need to redefine how services should be provided and how, as service providers, they will evolve. Some existing shelter providers may choose to shift their shelter program model to the new interim housing model by offering short-term residential care with 'Housing First'-oriented services, such as comprehensive needs and resource assessment, permanent housing placement and community service linkage. Others may move away from residential programs and provide permanent community-based supportive services, and still others may shift their operations to provide permanent supportive housing. This housing and service system shift will be challenging – it will require agency and program-level reorganization, Board and staff training, and deliberate system-level change management. To be successful, it will require a committed public and private

Getting Housed, Staying Housed

partnership to increase and reallocate resources. Finally, it will require significant systems integration efforts to coordinate and network services at all levels – client, agency, neighborhood and system.

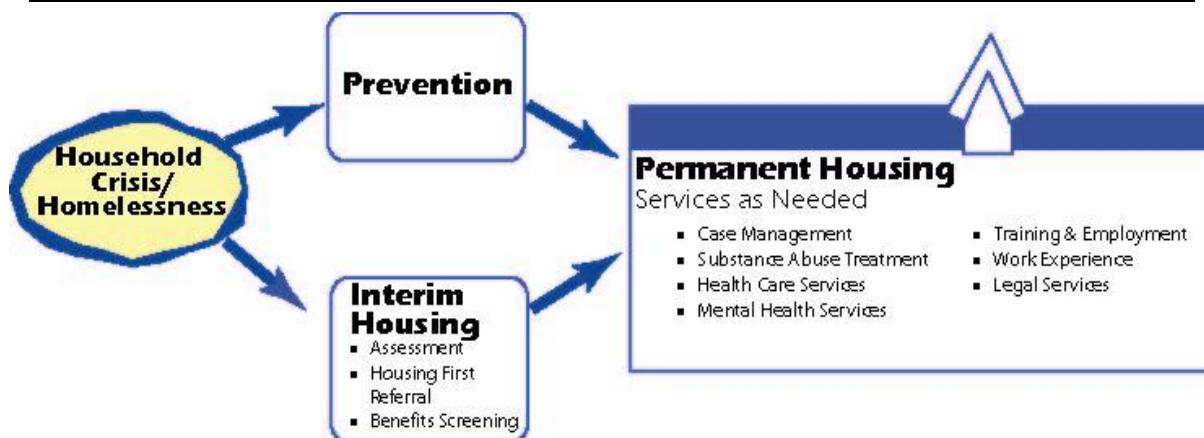
The difference between the existing service approach (Figure 1) and the new Getting Housed, Staying Housed, are conceptually diagrammed below.

Figure 1: Current Shelter Model



"The issue is not to just serve the homeless, but also to work with others to end the crisis we are facing relating to our homeless population. The shelter system is a quick fix to get people out of a

Figure 2: Getting Housed, Staying Housed Model



bad situation, but we have to address the core issues."



- Ray Vázquez
Commissioner of CDHS

“Whereas the debate for the last few years has been about work programs, what we’re seeing now is that work isn’t enough to keep people out of the shelter system. The \$5.15 per hour minimum wage is not enough to cover rents greater than \$700 or \$800 a month.”

- Steven Banks
Counsel to the Coalition for the Homeless

“I don’t think you can address the other problems that people have unless you give them a decent place to live. We believe that an awful lot of people who end up homeless are just poor people with a housing crisis; and it would be a lot cheaper to get them back into housing.”

- Denise Rogers
Minnesota Housing Finance Agency

There’s no question that housing prices have been going up several times the rate of inflation, and that is clearly having an impact on their exiting the homeless system.”

- Dennis Culhane
University of Pennsylvania

+ Prevention
+ Housing First
+ Community Support
+ Employment

End Homelessness

PLAN IMPLEMENTATION

Efforts to implement *Getting Housed, Staying Housed* are already underway by the Chicago Continuum of Care. The five-year plan presents a framework for implementation through the Prevention, Housing First, and Wraparound Services strategic initiatives. Each of these elements must be developed in lockstep with one another. Without implementing prevention strategies, there will continue to be an intense need for emergency shelter. Without expanding the availability of affordable housing, it will be hard to assist people to leave the system quickly. Without developing employment strategies, it will be difficult to keep people in permanent housing. Equally as important, the transition process must be carefully managed to ensure that people who are homeless do not experience any interruption in services or additional hardship, as a result. We envision three stages to the implementation process:

Assessment & Preparation. The Continuum has begun the analysis that will be used to develop a “roadmap” for change. Assessment activities will include a detailed examination of the current system, which will consider how programs are currently structured, how resources are now used, and the nature of existing resources and their regulatory constraints. During this stage, the Continuum will also concretely define program standards, develop education materials on the new approach, identify ways to efficiently model the transition to maximize the impact and minimize the challenges of each change, and build public understanding and support for the new approach.

Transition. The Continuum will manage a well-organized transition process that supports a dual-operating system that will incrementally evolve from the current model to the new one over a period of several years. This transition will be guided by the analysis and plans developed during the assessment stage. These stages will overlap, as there will be a continuing need for assessment and evaluation of plan models throughout the transition period. Technical assistance resources will need to be an integral part of this process to ensure that the transition is effectively managed, and that people and agencies are not displaced in the process. Initial steps in the transition phase will include creation of key infrastructure elements required to support the new system; commitment of additional resources for the development of permanent housing and expansion of mainstream services; legislative advocacy to build broader State and Federal support; and proactive outreach to other housing and human systems to begin systems integration efforts.

Full Implementation. This final stage represents the complete implementation of the plan. By this point, the Continuum should experience reductions in the numbers entering the interim housing system, and an increase in the number of households exiting the system to permanent self-sufficiency. As a result, significant reductions in expenditures on the core “shelter” system will be recognized, and a majority of the resources will be directed to supporting households’ housing stability. To ensure the viability of the Housing First model, ongoing evaluation activities will be conducted to determine the effectiveness of the new approach, and to guide the development of the second five-year strategy toward our 10-year goal to end homelessness in Chicago.

Evaluation

Evaluation will be an important part of plan implementation. Each action plan will delineate specific benchmarks and outcome measures as a framework to gauge progress and report to policymakers and funders. Key to the evaluation effort will be the development of the homeless information management system, which will provide a way of understanding how people who are homeless use the system of services, and the impact of these services in promoting housing stability and self-sufficiency. The homeless information system will also collect data that can be used to generate point-in-time and longitudinal counts of homelessness in Chicago.



THE CHICAGO CONTINUUM OF CARE

The Chicago Continuum of Care is a consortium of community organizations, private and public, not-for-profit and for-profit entities committed to ending homelessness in Chicago. It includes schools, faith organizations, local businesses and employers, civic organizations, and concerned individuals. However, the core of the Continuum, particularly for the purposes of developing the Strategic Plan, includes public and private providers and funders of services that help address the needs of people who are homeless. Shelter providers, mental health organizations, substance abuse treatment programs, domestic violence counseling centers, employment assistance groups, housing developers, and state and city government offices—all have played key roles in creating the Plan.

The Chicago Continuum of Care is many things – it is the system of housing, services, and supports for those facing homelessness; the governance structure that oversees the planning process for ending homelessness in Chicago; and the group responsible for overseeing the HUD funding process that brings roughly 30 million dollars of federal support to homeless programs in Chicago each year.

The Chicago Continuum of Care would like to acknowledge the efforts of the members of the strategic planning committee, chaired by Jean Butzen, president of Lakefront SRO, and Arturo Valdivia Bendixen, former Executive Director of Interfaith House.

THE NATIONAL PLAN TO END HOMELESSNESS

This Plan is highly influenced by the work of *The National Alliance to End Homelessness* and its Ten Year Plan to End Homelessness. In January 2001, the full Continuum membership came together for the first time to analyze the current status of homelessness in Chicago. At this meeting members were briefed on a campaign drafted by the National Alliance to End Homelessness. *The National Plan to End*

Homelessness, like the Chicago plan suggests that any plan to end homelessness must include four components: planning for outcomes, closing the front door to homelessness through prevention, opening the back door from homelessness by streamlining the process of re-housing, and strengthening the web of community supports to keep people housed.

CHICAGO CONTINUUM OF CARE LEADERSHIP

The Chicago Continuum of Care is overseen by a Governing Board, which coordinates and facilitates the planning process and oversees the distribution of funding. The Governing Board is comprised of both elected and appointed members representing the range of organizations and groups needed to end homelessness, including homeless service providers, consumers and advocates, city, county and state agencies, and business and foundation leaders. Twenty government slots on the board are permanent. There are also twenty service provider slots and twenty community slots, which are elected for two-year terms. The Governing Board is overseen by a nine member Executive Committee elected from its membership. One co-chair represents the public sector and one represents all other sectors. One seat is set aside for a consumer representative. The 2001-2002 Governing Board adopted the Five-Year Plan.

Organizations that are represented on the 2001-2002 Governing Board are as follows:

- Advocates for Prostituted Women & Girls
- AIDS Foundation of Chicago
- Apostolic House of Prayer
- CARA
- Catholic Charities
- Chicago Anti-Hunger Federation
- Chicago Community Trust
- Chicago Department of Housing
- Chicago Department of Human Services
- Chicago Department of Planning & Development
- Chicago Department of Public Health
- Chicago Health Outreach
- Chicago House
- Chicago Housing Authority
- Chicago Jobs Council
- Chicago Low-Income Housing Trust Fund
- Chicago Public Schools—Homeless Education Program
- Chicago Rehab Network
- Chicago Workforce Board
- Coalition for the Homeless
- Cook County Sheriff's Office
- Corporation for Supportive Housing
- Deborah's Place
- Donor's Forum—Grantmakers Concerned with Homelessness
- Enterprising Kitchen
- Family Rescue
- Featherfist
- Haymarket Center
- Heartland Alliance
- IDHS—Office of Alcoholism & Substance Abuse
- IDHS—Office of Mental Health
- Illinois Housing Development Authority
- Inner Voice
- Interfaith Council for the Homeless
- Interfaith House
- Jay-Medicare
- Lakefront SRO
- Legal Assistance Foundation
- Mayor's Office on Workforce Development
- Night Ministry
- O'Hare Marriott Hotel
- Olive Branch Mission/Church of the Good Shepherd
- Partnership to End Homelessness
- Polk Brothers Foundation
- Southwest Women Working Together
- San Jose Obrero Mission
- St. Killian Parish
- St. Sabina Church
- Thresholds
- University of Illinois at Chicago
- U.S. Department of Veterans Affairs
- Consumers and other interested individuals



ENDNOTES

¹ For the purposes of this plan, the Chicago Continuum of Care used the *Illinois Regional Continuum of Care Roundtable Needs Assessment* definition of homelessness, “being without a bed, room, apartment, or other place of one’s own to live for at least one night”. Both the Chicago Continuum of Care and Illinois Regional Continuum of Care Roundtable reference the Federal McKinney Act for the formal definition of homelessness.

² Burt, M. (1997). Causes of the growth of homelessness during the 1980s. In D. P. Culhane & S. P. Hornsburg (Eds.), *Understanding homelessness: New policy and research perspectives* (pp. 169-203). Washington, DC: Fannie Mae Foundation.

³ Wright, J. & Rubin, B. (1997). Is homelessness a housing problem? In D. P. Culhane & S. P. Hornsburg (Eds.), *Understanding homelessness: New policy and research perspectives* (pp. 205-224). Washington, DC: Fannie Mae Foundation.

⁴ Estimates are based on the *CDHS FY2001 Homeless Services and Prevention Programs Annual Report*, which reports that 32,000 persons were housed within the CDHS-funded shelter system over the course of the year. However, since the data are reported to CDHS by programs in aggregate form, these statistics reflect duplicated client counts across programs – that is, when one person uses more than one shelter program within the year, they are counted separately at each program. Internal departmental estimates for an unduplicated count were derived using the following assumptions:

- That, for the single adult population, the number of individuals who enter transitional and second stage shelter programs without using an overnight shelter program is minimal. Thus, the level of duplication across overnight shelter programs cancels out the number of individuals who enter transitional or second stage programs without using an overnight program.
- That most families who are homeless are served by a transitional shelter program. That only 25% of families who use warming centers do not go on to use transitional shelter. That the majority of families who enter second stage programs have been referred from a transitional shelter program.

Thus for the single adult population, only the CDHS statistics for overnight programs are considered for the unduplicated count. For families, the count is generated by adding the number of families served in transitional programs with 25% of the number served within warming centers. Based on calculations derived from these assumptions, CDHS estimates that annually approximately 10,000 households (8,000 individuals and 2,000 families) comprised of 15,000 people are served by the CDHS-funded shelter system.

⁵ *Illinois Regional Continuum of Care Roundtable (RRT) Regional Homeless Needs Assessment* – This assessment, conducted by the University of Illinois at Chicago, pairs a point-in-time provider survey of metropolitan Chicago shelter and service providers with a statistical sample of individuals served at these provider sites to develop an understanding of the extent and nature of homelessness and homeless services in the metropolitan Chicago region.

⁶ Chicago Coalition for the Homeless. (June, 1999). 80, 000: Estimating Chicago’s homeless population.

Getting Housed, Staying Housed

⁷ Khun, R. and Culhane, D. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26(2), 207-232.

⁸ University of Illinois at Chicago (2002). *Developing a homeless needs assessment methodology for the Chicago region: Appendix F, weighted client survey data*. Manuscript in progress.

⁹ National Alliance to End Homelessness (2000). *A plan: Not a dream. How to end homelessness in ten years*. Washington, DC: Author.



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